DELAYED PELVIC EXAMINATION

I. Up to 3 months of hormonal contraception may be provided without a physical examination or laboratory tests as outlined in each hormonal method protocols. Preference should be given to the "Quick Start" approach to initiating the chosen method, as outlined in each hormonal contraceptive protocol. Dispensing of hormonal contraceptives for a Delayed Exam may be done by the RN under Standing Orders, as described in Section VIII (Pharmaceuticals) in the Nursing Policy Section and as set out in the individual's job description. If the client is dispensed more than three months of a contraceptive without an exam, documentation must be made in the chart as to why the exam is further delayed. Physical exam delayed beyond 6 months must have documentation of a compelling reason for the delay.

A. First Visit

- 1. History A targeted family and personal medical history must be done.
- 2. Education Appropriate method counseling, and other topics as indicated.
- 3. **Family Planning Program consent**, informed consent for the delayed exam and method consent are required.
- 4. Medical Evaluation
 - a. BP
 - b. Urine pregnancy test if indicated.

B. Second Visit

1. History:

Complete the full history and update any history of side effects, method use, and menstrual history.

Education:

As required for the initial exam.

3. Medical: Physical as outlined in Section IV, Health Care Services.

C. Follow Up

- 1. It is up to the clinic to decide whether to track delayed exam clients to document whether the clients return within three months for a complete visit, including a complete history and a physical as outlined in Section IV, Health Care Services.
- 2. If a clinic decides to track clients who do not return, clinic staff may want to attempt to contact them by phone and/or letter. Such attempts to contact should be documented in the chart along with the stated reason for not returning.

DELAYED PELVIC EXAMINATION

The following is a sample of a Delayed Exam Consent Form. This form can be downloaded from the Women's Health Unit website at:

http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html.

Maine	Date of birth	
First day of last menstrual period	1	
Current method of contraception		
By signing the consent for delay	ed exam I agree that:	
physical exam may be recomme	raceptives for up to 3 months without having a physical exa ended before additional hormonal contraceptives are given. I a al exam be completed before starting this method.	
provide about my medical histo condition about which I fail to discovered by physical examin understand that there is usually contraceptives. I have been tol	to provide me with this contraceptive method is based only ory, my family history, my weight, and my blood pressure. It inform the clinic staff, and any condition, which currently exitation could increase my risk of serious illness or complication nothing found at the time of a pelvic exam that would prevent led that the purpose of a pelvic exam is primarily to provide me by also check for signs of sexually transmitted diseases.	understand that any sts, which could be in. However, I also the use of hormona
I understand that taking hormo the best of my knowledge I am	nal contraception does not protect me from sexually transmitt not currently infected with a sexually transmitted disease.	ed diseases, and to
, ,	king while taking oral contraceptives/ Evra (patch)/Nuvaring car	n increase my risk o
within three months for an eva	e use of the hormonal contraceptive method that I have chose luation of the method I have chosen, and a physical example turn, the clinic may contact me according to my instructions.	
Client Signature	Date	
Witness Signature	Date	
Translator/Interpreter Signature	Date	
STAFF USE ONLY		
Are any of the following found in	the patient's history?	
DVT/PE in legs or lungs	☐ Migraine HA with foca	l neurologic sx
	☐ Cancer	
Diabetes		Diagona
☐ Diabetes ☐ Seizures	☐ Sexually Transmitted I	Disease
	,	
Seizures	heart disease	smokes
Seizures CVA or MI; vascular/ischemic I Active liver disease/ impaired li	heart disease	smokes
Seizures CVA or MI; vascular/ischemic I Active liver disease/ impaired li Mother/father/brother/sister die	heart disease	smokes
Seizures CVA or MI; vascular/ischemic I Active liver disease/ impaired I Mother/father/brother/sister die < 6 weeks postpartum and Lac Pregnancy Test: Pos Neg There ARE ARE NO The following contraceptive method	heart disease	smokes ematosus th a delayed exam.
Seizures CVA or MI; vascular/ischemic II Active liver disease/ impaired II Mother/father/brother/sister die < 6 weeks postpartum and Lac Pregnancy Test: Pos Neg There ARE ARE NO The following contraceptive method Oral contraceptive:	heart disease	smokes ematosus th a delayed exam.
Seizures CVA or MI; vascular/ischemic II Active liver disease/ impaired II Mother/father/brother/sister die < 6 weeks postpartum and Lac Pregnancy Test: Pos Neg There ARE ARE NO The following contraceptive method Oral contraceptive: NuvaRing: # Cycles	heart disease	smokes ematosus th a delayed exam.
Seizures CVA or MI; vascular/ischemic II Active liver disease/ impaired II Mother/father/brother/sister die < 6 weeks postpartum and Lac Pregnancy Test: Pos Neg There ARE ARE NO The following contraceptive method Oral contraceptive: NuvaRing: # Cycles DMPA:	heart disease	smokes ematosus th a delayed exam.